

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/658 218</b>		FILING DATE		
							APPLICANT(S) <b>A</b>				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				61		/	/	
2				/			62			/	
3				/			63			/	
4				/			64			/	
5				/			65			/	
6				/			66			/	
7				/			67			/	
8				/			68		/		
9				/			69			/	
10				/			70			/	
11				/			71			/	
12				/			72			/	
13				/			73			/	
14				/			74				
15				/			75				
16				/			76				
17				/			77				
18				/			78				
19				/			79				
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21				/			81				
22				/			82				
23				/			83				
24				/			84				
25				/			85				
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29				/			89				
30				/			90				
31				/			91				
32				/			92				
33				/			93				
34				/			94				
35				/			95				
36				/			96				
37				/			97				
38				/			98				
39				/			99				
40				/			100				
41				/							
42				/							
43				/							
44				/							
45				/							
46				/							
47				/							
48				/							
49				/							
50				/							
TOTAL IND.							TOTAL IND.			3	
TOTAL DEP.							TOTAL DEP.			60	
TOTAL CLAIMS							TOTAL CLAIMS			63	